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### **FAX COVER SHEET**

To:

**Examiner Penny Caudle** 

Company:

**US Patent and Trademark Office** 

Phone #:

703-305-0756

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703-308-1396 703-308-9051/9052

/03-30

From:

Walter G. Hanchuk

Phone #:

212-415-8508

Client:

3553

Matter:

4020

Date:

September 27, 1999

Pages:

Confirm:

Comments:

Please deliver to Examiner Penny Caudle @ art unit 2765

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**PATENT** Docket No. 3553-4035

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Jay S. Walker et al.

Group Art Unit: 2765

Serial No

08/889,319

Examiner: Penny Caudle

Filed

July 8, 1997

For

CONDITIONAL PURCHASE OFFER MANAGEMENT SYSTEM

CERTIFICATE OF FACSIMILE TRANSMISSION

Assistant Commissioner for Patents

Washington D.C. 20231

Attn: Examiner Penny Caudle

FAX RECEIVED

Sir:

SEP 2 7 1999

C. Jer Erwi

I hereby certify that the attached:

Amendment;

Amendment Fee Transmittal;

Petition and Fee For Extension of Time

(along with any paper(s) referred to as being attached or enclosed); and this Certificate of Facsimile Transmission are being facsimile transmitted to the Assistant Commissioner for Patents, Washington, D.C. 20231 (Fax. No. (703) 308-1396) on the date shown below.

Respectfully submitted

MORGA

Dated: September 27, 1999

Walter G. Hanchu

Registration No. 35

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**PATENT** 

Docket No. 3553-4020

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Jay S. Walker et al.

Group Art Unit: 2765

Serial No

08/889,319

Examiner: Penny Caudle

Filed

July 8, 1997

For

.

CONDITIONAL PURCHASE OFFER MANAGEMENT SYSTEM

### AMENDMENT FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

SEP 2 7 1999.

Sir:

GROUP 2700

Transmitted herewith is an Amendment for the above-identified application.

- [X] No additional fee is required.
- [ ] The additional fee has been calculated as shown below:

#### CLAIMS AS AMENDED

	Claims Remaining After Amendment	C F	Highest No. Covered by Previous Payments	Present Extra	Rate	Additional Fee
Total Claims	15	-	97	= 0	x \$18.00	\$ <u>0.00</u>
Independent Claims	4	-	15	= 0	x \$78.00	\$ <u>0.00</u>
Multiple Dependent Claim(s)	(If claims added Multiple Depend was not Multiple in application be \$260.00 to addit	lent Clain Depend fore ame	n(s) and there ent Claims(s) ndment add		1	\$ <u>0.00</u> Fotal: \$ <u>0.00</u>

Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

Docket No. 3553-4020

[]	Statement of "Small Entity" Status Under 37 CFR § 1.27 filed 1.9(f) (50% of total) paid herewith. \$ 0.00.	Reduced Fees Under 37 CFR 9				
[]	Charge fee to Deposit Account No. 13-4500. Order No. 3553-4020. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.					
[X]	The Assistant Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, including all fees pursuant to 37 C.F.R. § 1.17 for its timely consideration, or credit any overpayment to Deposit Account No. 13-4500. Order No. 3553-4020. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.					
[]	Page(s) of substitute Sequence Listing					
[]	Computer disk(s) containing substitute Sequence Listing					
[]	Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.					
[]	A check in the amount of \$ to cover the filing fee is attached.					
	Respectfull	y submitted,				
Dated:	d: September 27, 1999 By:	& HINNEGAN, L.L  S. Hanchuk  ation No. 35,179				
CORRI	RESPONDENCE ADDRESS:					
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